#### DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

### **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

### **Facility Information**

Facility Name: SCENIC VALLEY (199004)

Address: 17804 COUNTY HWY Q, RICHLAND CENTER, WI 53581

**License Status: REGULAR** 

Licensed/Certified/Registered 12/16/1997

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History				
Survey ID: 0096080	End Date: 12/06/2005	Type: OTHER	Purpose: COMPLAINT	
Results: NO STATEMENT OF DEFICIENCY ISSUED				
Survey ID: 0095407	End Date: 08/08/2005	Type: STANDARD	Purpose: SURVEY/COMPLAINT	

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090887 End Date: 08/19/2003 Type: OTHER Purpose: COMPLAINT

**Results:** ENFORCEMENT ACTION

Statement of Deficiency: #10007848 Served 08/30/2003

Deficiencies Cited<br/>88.04(2)(a)Subject Area<br/>RESPONSIBILITIESCorrected<br/>Verified<br/>08/08/2005Corrected<br/>Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

**Enforcement History** 

Date: 08/28/2003 SOD #10007848 Appealed: No

**Sanctions** 

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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# **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN Bureau of Quality Assurance P.O. Box 2969 Madison WI 53701-2969

**Complaint History** 

Date Complaint Received: 10/20/2005 Date Investigation Completed: 12/06/2005

Subject Area(s) Result SOD #

SUPERVISION SUBSTANTIATED NOT RECORDED

NUTRITION & FOOD SERVICES NOT SUBSTANTIATED STAFF ADEQUACY NOT SUBSTANTIATED

Date Complaint Received: 01/31/2005 Date Investigation Completed: 08/08/2005

Subject Area(s) Result SOD #

RESIDENT RIGHTS NOT SUBSTANTIATED ABUSE NOT SUBSTANTIATED

Date Complaint Received: 01/19/2005 Date Investigation Completed: 08/08/2005

Subject Area(s) Result SOD #

SUPERVISIONNOT SUBSTANTIATEDRESIDENT RIGHTSNOT SUBSTANTIATEDABUSENOT SUBSTANTIATEDMEDICATIONSNOT SUBSTANTIATED

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